How to Fill Out A Medicare Claim Form

July, 1984

WHEN TO USE THE PATIENT'S REQUEST FOR MEDICARE PAYMENT (Form 1490-S)

The *Patient's Request for Medicare Payment* (also called Form 1490-S) is shown on the next page. This is the form to use when *you* are requesting payment from Medicare. You can get this form from any Social Security office or your Medicare carrier (the names and addresses of all Medicare carriers and the areas they serve are shown in the back of *Your Medicare Handbook*). When you submit a claim, the carrier will send you another form for your next claim.

Before using this form, make sure your doctor or supplier is not submitting a claim on your behalf. If your doctor is sending a claim to Medicare for you, you should *not* use Form 1490-S. Also, if you haven't done so already, ask your doctor if he or she will accept Medicare *assignment*. Medicare's assignment method of payment can save you the trouble of filling out a claim form . . . and it can save you money as well. *Your Medicare Handbook* describes the assignment method of payment in detail.*

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* *Physician/Supplier Assignment Rate Lists*, showing the approximate percentage of claims on which physicians and suppliers in your area accepted assignment in the previous calendar year, are now available for review in all local Social Security offices and all State and Area Agencies on Aging.

MEDICARE CLAIM FORM (1490-S)

Print your health insurance number exactly as it's shown on your Medicare card. Be sure to include any letter either at the beginning or the end of the number.

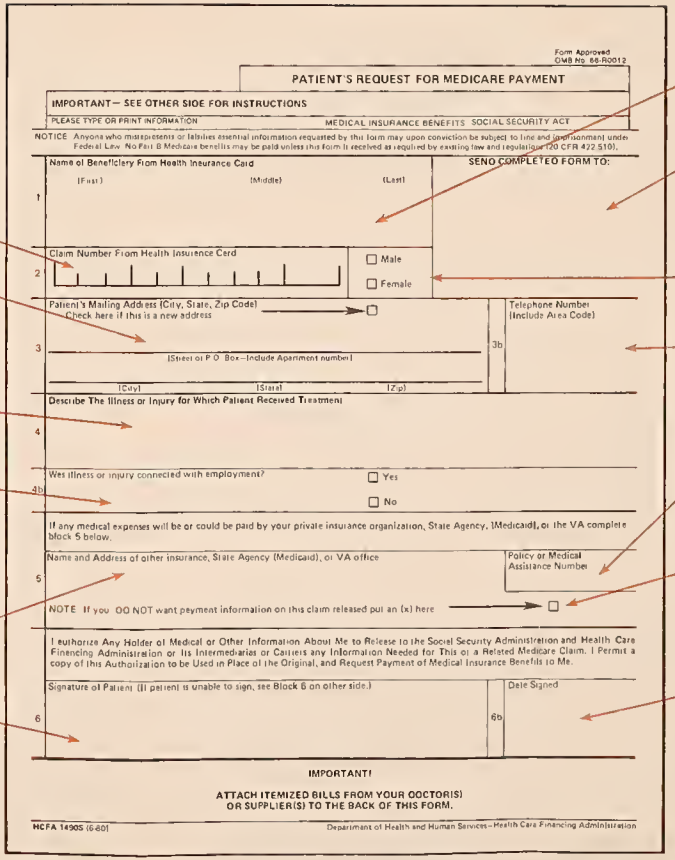
Print your complete address — street, city, State, and ZIP code.

Briefly describe the condition (illness or injury) for which you were treated. If you were treated for different conditions, describe each.

Check the box marked "yes" or "no."

If you have private health insurance or are covered under a State medical assistance program (such as Medicaid), print the name and address of the insurance company or State program.

Sign your name. (Do not print.)



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PATIENT'S REQUEST FOR MEDICARE PAYMENT

IMPORTANT— SEE OTHER SIDE FOR INSTRUCTIONS

PLEASE TYPE OR PRINT INFORMATION — MEDICAL INSURANCE BENEFITS — SOCIAL SECURITY ACT

NOTICE: Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal Law. No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (20 CFR 422.510).

1 Name of Beneficiary From Health Insurance Card (First) (Middle) (Last)

SEND COMPLETED FORM TO:

2 Claim Number From Health Insurance Card ☐ Male ☐ Female

3 Patient's Mailing Address (City, State, Zip Code) Check here if this is a new address ☐

(Street or P.O. Box—Include Apartment number)

(City) (State) (Zip)

3b Telephone Number (Include Area Code)

4 Describe The Illness or Injury for Which Patient Received Treatment

4b Was illness or injury connected with employment? ☐ Yes ☐ No

If any medical expenses will be or could be paid by your private insurance organization, State Agency, (Medicaid), or the VA complete block 5 below.

5 Name and Address of other insurance, State Agency (Medicaid), or VA office

Policy or Medical Assistance Number

NOTE: If you DO NOT want payment information on this claim released put an (x) here ☐

I authorize Any Holder of Medical or Other Information About Me to Release to the Social Security Administration and Health Care Financing Administration or its Intermediaries or Carriers any Information Needed for This or a Related Medicare Claim. I Permit a copy of this Authorization to be Used in Place of the Original, and Request Payment of Medical Insurance Benefits to Me.

6 Signature of Patient (If patient is unable to sign, see Block 6 on other side.)

6b Date Signed

IMPORTANT!

ATTACH ITEMIZED BILLS FROM YOUR DOCTOR(S) OR SUPPLIER(S) TO THE BACK OF THIS FORM.

HCFA 1490S (6-80) — Department of Health and Human Services—Health Care Financing Administration

This example form is a 68% reduction of the original 8½" x 11" form.

Print your name exactly as it's shown on your Medicare card.

If the carrier's name and address are not shown here, the names and addresses of all Medicare carriers, and the areas they serve, are shown in the back of *Your Medicare Handbook*.

Check the box next to male or female.

Print the telephone number where you can be reached.

Print your private insurance policy number or State medical assistance number.

Put an X in this box only if you do not want information about this Medicare claim given to your private insurance company or State medical assistance program.

Print the date you signed this form.

You must attach itemized bills. See page 5 for a list of what must be included on an itemized bill.

HOW TO COMPLETE FORM 1490-S

If your doctor or supplier does not accept assignment, you must send in the claim to receive payment. You fill in the form as shown in the diagram and attach itemized bills for the services you received. The information that must be shown on itemized bills is shown below.

It is important that the form be completed properly. Incomplete or incorrect information on the form may delay payment.

You should keep this leaflet handy so that you can refer to it whenever you have to fill out a Form 1490-S.

If you ever need assistance in completing the form, contact any Social Security office or your Medicare carrier. The people there will be glad to help you and can answer any questions you have about Medicare.

AN ITEMIZED BILL

The itemized bills you send in with your Form 1490-S must contain specific information or your claim may be delayed. A bill which simply says "For professional services rendered" or "Balance forward" is not an itemized bill.

If the doctor or supplier gives you an itemized bill that does not show all of the following information, ask him or her to fill in what is missing. Each itemized bill you submit must show *all* of the following information:

- A complete description of each service or supply you received.
- The date you received each service or supply.
- The place where you received each service or supply.
- The charge for each service or supply.
- The name of the doctor or supplier who provided each service or supply. (If more than one doctor's name is shown on the bill, please circle the name of the doctor who treated you.)
- Your name and your complete health insurance number *exactly* as they are shown on your Medicare card. (If the doctor or supplier does not put your name and number on the bill, you can write them on it.)
- It is helpful, but not necessary, if the diagnosis is shown on the bill.

You can send in more than one itemized bill with a single Form 1490-S. It doesn't matter whether all the bills are from one doctor or supplier or from different doctors or suppliers. And, you can send in the bills either before or after you pay them.

CLAIMS FOR DURABLE MEDICAL EQUIPMENT

If you rent or purchase durable medical equipment, such as a wheelchair or oxygen equipment, and are submitting form 1490-S, you must include the bill from the supplier who provided the equipment and a doctor's prescription. The prescription must show the equipment you need, the medical reason for your

need, and an estimate of how long the equipment will be medically necessary.

CLAIMS FOR A PERSON WHO DIED

There are special rules for submitting claims for a deceased Medicare beneficiary. Any Social Security office or your Medicare carrier can give you information about these special rules.

KEEP A RECORD OF YOUR CLAIM

It's a good idea for you to keep a record of your claim in case there is ever any need to inquire about it. Before you send in a Form 1490-S, you should write down the date you mail it, a description of the services or supplies you received, the date and charge for each service or supply, and the name of the doctor or supplier who provided the services or supplies.

WHERE TO SEND YOUR CLAIM

Send the Form 1490-S and itemized bills to your Medicare carrier. If the carrier's name and address are not shown in the upper right-hand block of the form, you can find the name and address in *Your Medicare Handbook*. Or, you can call any Social Security office to get the carrier's name and address.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Care Financing Administration

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